## LANSING PARTNERSHIP INCOME TAX RETU

PARTNERSHIP INCOME TAX RETURN For fiscal year or other taxable period beginning IDENTIFICATION AND INFORMATION A1. Name of partnership B1. Employer identification No. B2. Date business started A2. In care of B3. Principal business activity B4. Principal product or service A3. Street number and name A4. Rm. or Ste. No. B5. Number of partners B6. Number of employees C. What type of entity is filing this return? Check the appropriate box: A4. Address 2 C1. Domestic general partnership C2. Domestic limited liability C5. Domestic limited liability company (LLC) partnership (LLP) A5. City, town or post office A7. Zip code A6 State C3. Foreign partnership C6. Other ▶ D. What type of return filed. Check all boxes that apply: A10. Foreign postal code A9. Foreign province/county D1. Information only D3. Amended return A8. Foreign country name D4. Final return D2. Initial return Enter below the general partner or member manager designated as the tax matters partner (TMP) on the federal partnership return for the tax year of this return: E1. Name of designated TMP E4. Identifying number of TMP E2. If the TPM is an entity, name E5. Phone number of TMP of TMP representative E3. Address of designated TMP F. Mark (X) box if partnership elects to pay tax on behalf of partners, complete the remaining sections of the return that apply and the remainder of this page. The partnership may elect to pay tax for partners only if it pays the tax for ALL partners subject to the tax. If the partnership elects to file an information return, complete the Identification and Information section, the Disclosure section, the signature section of this page and the remaining sections of the return that apply to the partnership. TAX Tax (Sum of totals of Tax Due Schedule, column 8 and column 9) 2a. Estimated income tax payments for tax year 2a 2b. Prior year credit forward 2b **PAYMENTS &** 2c. Extension Payment 20 **CREDITS** 2d. Tax paid by another partnership 2d 2e. Credit for tax paid to another city on behalf of resident partners (Enter total from Sch G, col 7) 2e 2f. Total tax paid (Add lines 2a through 2e) 2f 3. If the tax due (line 1) is larger than the payments and credits (line 2f), enter balance due **BALANCE DUE** Enclose check or money order payable to the City of {City Name}. To pay with an electronic funds withdrawal: mark (X) Pay Tax Due box, line 8 and complete line 8 a, b & c OVERPAYMENT If payments and credits (line 2f) are larger than tax (Line 1), enter overpayment 4 CREDIT FWD Overpayment to be credited forward and applied to 2016 estimated tax 5 Donations: Police Problem Solving Hope Scholarship Homeless Assistance DONATIONS Total 6a. 6c. Donations 6d REFUND Refund. For direct deposit refund mark (X) box on line 8 and complete lines 8 a, b & c (Line 4 less lines 5 and 6d) **ELECTRONIC** Refund Direct deposit refund or direct 8c Routing number (Direct Deposit) REFUND OR withdrawal payment (Mark (X) Pay tax due 8b 8d Account number (direct withdrawal) **PAYMENT** appropriate box 8a or 8b and complete lines 8c, 8d and 8e) 8e Account Type: 8e1. Checking 8e2. Savings DATA DISCLOSURE OF RETURN INFORMATION 9. Do you want to allow the preparer or another person to discuss this return with the Income Tax Office? 9a. Yes, complete 10a and 10b 10a. Designee's name 10b. Designee's phone number SIGNATURE Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge. 11c. Printed name of partner signing return 11a. Date signed 11b. Signature of partner 11d. Phone number 12a. Signature of prepare 12c. Firm name 12g. Date prepared 12d. Address 1 (include suite #) 12e. Address 2 12b. Printed name of preparer 12h. Preparer's phone number 12f. City, state

13. NACTP software number

Name o	of partnership	Partnership's FEIN			2015 Form L-1065, Schedule 1			
	SCHEDULE 1 - PA	RTNER IN	FORMA	TION SC	HEDULE		Revised 08/25/2015 Attachment 1	
N U M B E R	COLUMN 1  NAME AND ADDRESS OF ALL PARTNERS  (Complete column 1, column 2 and, if necessary, columns 3 column 4 for partner equals part-year (PR or PN), report the renonresident portions on separate partner lines)  Enter partner's name and address as per example below	COLUMN 2  PARTNER'S  SOCIAL SECURITY  OR EMPLOYER  IDENTIFICATION  NUMBER		COLUMN 3 TYPE OF ENTITY OF PARTNER (Follow Federal Form 1065 instructions for Schedule K-1, Item I; see Partner Entity Classification Chart)	REPRESENTING AN INDIVIDUAL, ENTER RESIDENCE STATUS OF PARTNER (R = Resident, N = Nonresident,	COLUMN 5 IF COLUMN 4 EQUALS PART- YEAR RESIDENT ENTER RESIDENCY START DATE ON RESIDENT (PR) LINE AND END DATE ON		
EX	Partner's Name Street number, street name and suite number City, state, zip code					PR = Part-year resident portion, PN = Part-year nonresident portion)	NONRESIDENT (PN) LINE	
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Name o	of partnership Partne	ership's FEIN 2015 Form L-106			m L-1065, S			
	SCHEDULE 1A - PARTNER INFORMATION	N SCHEDIII E	FOR DOWNS	STDEAM	DADTNER	СПІВ	Revised 08	3/25/2015 nment 1A
A1. Nar	ne and address of downstream partnership	A2. Downstream part					of Partners	IIIIeiit IA
		A3. Date Business Started				A6. No. of E		
		A4. Contact person				A7. Telepho	ne Number	
P A R T N E R	COLUMN 1  NAME AND ADDRESS OF ALL PARTNERS OF DOWNSTREAM PARTNERSHIP (Enter the name and address of downstream partnership below and complete columns 1 and 2 and, if necessary, columns 3 and 4; if column 4 for partner equals part-year resident (PR or PN), report the resident and nonresident portions on separate partner lines)  Enter partner's name and address as per example below  Partner's Name  Street number, street name and suite number  City, state, zip code	COLUMN 2 PARTNER'S SOCIAL SECURIT OR EMPLOYER IDENTIFICATION NUMBER	Y TYPE OF E OF PART (Follow Feder	NTITY NER ral Form ions for , Item I; Entity of Chart)	COLUM IF PARTNER NDIVIDUAL OR I REPRESENTI INDIVIDUAL, E RESIDENCE ST/ PARTNER (R = I N = Nonresider Part-year residen PN = Part-y nonresident p	IS AN NOMINEE NG AN ENTER ATUS OF Resident, ht, PR = ht portion, rear	COLUNIFIC COLUMNIC CO	MN 4 PART- IDENT IDENCY TE ON PR) LINE ATE ON :NT (PN)
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Name of partnership	Partnership's FEIN	2015 Form L-1065, Schedule 2					
		Revised 08/25/2015					
SCHEDULE 2 - PARTNER INCOME AND TAX CALCULATION SCHEDULE							

Partnerships filing an information return complete only columns 1 through 4. Partnerships electing to pay tax must complete all applicable columns.

Attachment 2

ı arı	nerships electing to pay tax mic	Jot Compi	Cic an c	applicable column	о.						Attachment 2
P A U M B E		COLU TYPE OF OF PAR (From P	ENTITY TNER Partner	COLUMN 3 PARTNER'S SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	COLUMN 4 TOTAL INCOME (From Schedule C, column 7; See page 1, box F)	COLUMN 5 ALLOWABLE DEDUCTIONS (See instructions)	COLUMN 6 EXEMPTIONS (See note 2 on page 1 and instructions)	COLUMN 7 TAXABLE INCOME (Column 4 less columns 5 and 6)	COLUMN 8 TAX AT RESIDENT OR CORPORATION TAX RATE (Column 7	COLUMN 9 TAX AT NONRESIDENT TAX RATE (Column 7 multiplied	COLUMN 10 TAX PAID (Column 8 less Schedule G, column 6; or column 9; see
E R R		Federal Classification	Residency Status	(From Partner Information Sch.)					multiplied by tax rate)	by tax rate)	Instructions)
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, ,							2015 Form L-1065, Schedule 2A					
	SC	HEDULE	2A - PA	ARTNER INCOME	AND TA	X CALC	ULATION SCH	EDULE FOR	DOWNSTREAM PA	ARTNERSHIP		Revised 08/25/2015 Attachment 2A
	Partnerships electing to pay tax who have a partnership as a partner must complete and attach this schedule for all partners of the downstream partnership.											
A1. Name and address of of downstream partnership						A2. Downstre	am partnership's FEIN					
P A R T N E R	COLUMN 1 PARTNER'S NAME	COLUI TYPE OF OF PAR (From P Informatio	ENTITY TNER artner on Sch.)	COLUMN 3 PARTNER'S SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER (From Partner Information Sch.)	TOTAL (From So columi	JMN 4 INCOME chedule C, n 7; See I, box F)	COLUMN 5 ALLOWABLE DEDUCTIONS (See instructions)	COLUMN 6 EXEMPTIONS (See instructions)	COLUMN 7 TAXABLE INCOME (Column 4 less columns 5 and 6)	COLUMN 8 TAX AT RESIDENT OR CORPORATION TAX RATE (Col.umn 7 multiplied by tax rate)	COLUMN 9 TAX AT NONRESIDENT TAX RATE (Column 7 multiplied by tax rate)	COLUMN 10 TAX PAID (Column 8 less Schedule G, column 6; or column 9; see Instructions)

If this schedule is not attached to partnership return, all income of downstream partnership will be taxed at the resident tax rate.

Partnership's FEIN

Classification Status

Totals (Enter here and on Schedule 2 partner line for this partnership)

Name of partnership

Name of partnership	Partnership's FEIN	2015 Form L-1065, Schedules A & B

Revised	08/25/2015
SCHEDULE A – ALLOCABLE PARTNERSHIP ORDINARY BUSINESS INCOME Attack	chment 3
1. Ordinary business income (loss) (Form 1065, pg. 1, line 22) (Attach copy of federal Form 1065, Sch K (1065), ancillary schedules and statements)	
2. Add City of {City Name} income tax, if deducted in determining income on federal Form 1065	
3. Add interest and other costs incurred in connection with the production of income exempt from {City Name} income tax (Attach schedule)	
4. Deduct Sec. 179 depreciation (Federal Schedule K, line 12)	
5. Other partnership deductions allowed under Michigan Uniform City Income Tax Ordinance (Attach explanation)	
6 Deduct ordinary income (loss) from other partnerships, estates & trusts (Federal Form 1065, page 1, line 4; attach explanation)	
7. Total adjusted ordinary business income (Add lines 1, 2, 3 and subtract lines 4, 5 and 6)	

								Revised 06/18/2014
	5	SCHEDULE B - F	PARTNERSHIP	<b>INCOME NOT I</b>	NCLUDED IN SC	HEDULE A		Attachment 4
ATTACH COPY OF FEDERAL SCHEDULE K (1065) ATTACH SCHEDULES TO EXPLAIN ALL EXCLUSIONS	FEDERAL FORM 1065 REFERENCE	COLUMN 1 APPORTIONED INCOME	COLUMN 2 TOTAL EXCLUDIBLE RESIDENT PARTNERS' PORTION OF COLUMN 1	COLUMN 3 TOTAL EXCLUDIBLE NONRESIDENT, ESTATE AND TRUST PARTNERS' PORTION OF COLUMN 1	COLUMN 4 TOTAL EXCLUDIBLE CORPORATION PARTNERS' PORTION OF COLUMN 1	COLUMN 5 TOTAL EXCLUDIBLE OTHER PARTNERS' PORTION OF COLUMN 1 (Partners not in columns 2, 3 or 4)	COLUMN 6 TOTAL TAXABLE AT RESIDENT OR CORPORATE TAX RATE (Column 1 less column 2, 4 or 5)	COLUMN 7 TOTAL TAXABLE AT NONRESIDENT TAX RATE (Column 1 less column 3)
NONBUSINESS INTEREST AND	DIVIDENDS (	SEE INSTRUCTION	S)					
Nonbusiness interest income	Sch. K, line 5							
2. Nonbusiness dividend income	Sch. K, lines 6a							
SALE OR EXCHANGE OF PRO	PERTY (SEE I	NSTRUCTIONS)						
3. Net short-term capital gain (loss)	Sch. K, line 8							
4. Net long-term capital gain (loss)	Sch. K, L. 9a - c							
5. Net Section 1231 gain (loss)	Sch. K, line 10							
RENTS AND ROYALTIES (IF I	NCOME INCLU	DES RENTAL REAL	ESTATE, ATTACI	H COPY OF FEDE	RAL FORM 8825)			
6. Net income (loss) from rental real estate activities	Sch. K, line 2							
7. Net income (loss) from other rental activities	Sch. K, line 3c							
8. Royalty income	Sch. K, line 7							
OTHER INCOME								
9. Other income	Sch. K, line 11							
10. Ordinary income from other partnerships	Form 1065, line 4							
Total apportioned income (Add lin of each column)	es 1 through 10							
Amounts reported in column 1 ar Amounts reported in columns 2 t			` ,	linate schedule (Scl	hedule B-1 through So	chedule B-10).		

Name of partnership	Partnership's FEIN	2015 Form L-1065, Schedule B1 & B2
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									Revised 06/18/2014
			S	CHEDULE B1 - IN	NTEREST INCOM	E (Schedule B, lin	e 1, by partner)		Attachment 10
Р	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
A	TYPE OF	ENTITY	INTEREST INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	INTEREST INCOME	INTEREST INCOME
RU	OF PARTN			INTEREST INCOME	INTEREST INCOME	INTEREST INCOME	INTEREST INCOME	TAXABLE AT	TAXABLE AT
T M	Parti		FEDERAL SCHEDULE		OF INDIVIDUAL	OF CORPORATION	OF PARTNERS NOT	RESIDENT OR	NONRESIDENT
N E	Informatio	on Scn.)	K-1 FOR PARTNER (Sch. K-1 (Form 1065),	RESIDENT PARTNERS	NONRESIDENT ESTATE OR TRUST	PARTNERS	REPORTED IN COLUMNS 3, 4 & 5	CORPORATION TAX RATE (Column 2	TAX RATE (Column 2 less column 4)
E R	Federal	Residency	line 5)	FARTNERS	PARTNERS		COLUMNS 3, 4 & 5	less column 3, 5 or 6)	less column 4)
R '`	Classification	Status			7,4,4,1,4,2,1,0				
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Totals									

									Revised 06/18/2014			
	SCHEDULE B2 – DIVIDEND INCOME (Schedule B, line 2, by partner)  Attachment 11											
Р	COLUI	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8			
AN	TYPE OF	ENTITY	DIVIDEND INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	DIVIDEND INCOME	DIVIDEND INCOME			
l <sub>R</sub> U	OF PAR		REPORTED ON	DIVIDEND INCOME	DIVIDEND INCOME	DIVIDEND INCOME	DIVIDEND INCOME	TAXABLE AT	TAXABLE AT			
_ IVI	(From P		FEDERAL SCHEDULE		OF INDIVIDUAL	OF CORPORATION	OF PARTNERS NOT	RESIDENT OR	NONRESIDENT			
N E	Informatio	on Sch.)	K-1 FOR PARTNER	RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	CORPORATION	TAX RATE (Column 2			
E E		5	(Sch. K-1 (Form 1065), line 6A)	PARTNERS	ESTATE OR TRUST PARTNERS		COLUMNS 3, 4 or 5	TAX RATE (Column 2 less column 3, 5 or 6)	less column 4)			
RK	Federal Classification	Residency Status	line 6A)		PARTNERS			less column 3, 5 or 6)				
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Totals												

Name of partnership	Partnership's FEIN	2015 Form L-1065, Schedules B3 & B4

									Revised 06/18/2014
			SCHEDULE B3	B - NET SHORT T	ERM CAPITAL GA	IN (OR LOSS) (S	chedule B, line 3,	by partner)	Attachment 12
Р	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
A N	TYPE OF	ENTITY	SHORT TERM	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	SHORT TERM	SHORT TERM
RU	U OF PARTNE M (From Partne		CAPITAL GAIN (LOSS)		SHORT TERM	SHORT TERM		,	CAPITAL GAIN (LOSS)
1 <del>-</del> M	T M (From Par		REPORTED ON	CAPITAL GAIN (LOSS)					TAXABLE AT
N B	N B Information Sc		FEDERAL SCHEDULE		OF INDIVIDUAL	OF CORPORATION	OF PARTNERS NOT	RESIDENT OR	NONRESIDENT
E E	E E		K-1 FOR PARTNER	RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	CORPORATION	TAX RATE (Column 2
RR	Federal Classification	Residency Status	(Sch. K-1 (Form 1065), line 5)	PARTNERS	ESTATE OR TRUST PARTNERS		COLUMNS 3, 4 or 5)	TAX RATE (Column 2 less column 3, 5 or 6)	le <b>s</b> s column 4)
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									Revised 06/18/2014
			SCHEDULE B4	I – NET LONG TEI	RM CAPITAL GAII	N (OR LOSS) (Sch	nedule B, line 4, b	y partner)	Attachment 13
	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
PN	TYPE OF	ENTITY	LONG TERM	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	LONG TERM	LONG TERM
I A II	OF PARTNER (From Partner Information		CAPITAL GAIN (LOSS)		LONG TERM	LONG TERM		,	CAPITAL GAIN (LOSS)
R M	,			CAPITAL GAIN (LOSS)	,				TAXABLE AT
T	B Information Schedule)		FEDERAL SCHEDULE		OF INDIVIDUAL	OF CORPORATION	OF PARTNERS NOT	RESIDENT OR	NONRESIDENT
N _	Sched	,		RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	CORPORATION	TAX RATE (Column 2
ER			(Sch. K-1 (Form 1065),	PARTNERS	ESTATE OR TRUST		COLUMNS 3, 4 or 5	TAX RATE (Column 2	less column 4)
R	Federal	Residency	line 5)		PARTNERS			less column 3, 5 or 6)	
	Classification	Status							
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Totals									

Name of partnership	Partnership's FEIN	2015 Form L-1065, Schedules B5 and B6
		2015 Form L-1065, Schedules B5 and B6

									Revised 06/18/2014
			SCHEDUL	E B5 – NET SECT	TON 1231 GAIN (C	OR LOSS) (Sched	lule B, line 5, by p	artner)	Attachment 14
Р	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
AN	TYPE OF	ENTITY	SECTION 1231 GAIN	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	SECTION 1231 GAIN	SECTION 1231 GAIN
R	U OF PARTNER M (From Partner		(LOSS) REPORTED	SECTION 1231 GAIN	SECTION 1231 GAIN	SECTION 1231 GAIN	SECTION 1231 GAIN	(LOSS) TAXABLE AT	(LOSS) TAXABLE AT
I + M	`		ON FEDERAL	(LOSS) OF	(LOSS) OF	(LOSS) OF	(LOSS) OF	RESIDENT OR	NONRESIDENT
- N			SCHEDULE K-1 FOR		INDIVIDUAL	CORPORATION	PARTNERS NOT	CORPORATION	TAX RATE
1 F		PARTNER (Sch. K-1		RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	TAX RATE	(Column 2 less
R R	Federal	Residency	(Form 1065), line 5)	PARTNERS	ESTATE OR TRUST		COLUMNS 3, 4 or 5	(Column 2 less	column 4)
	Classification	Status			PARTNERS			column 3, 5 or 6)	
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									Revised 06/18/2014
		SCHI	EDULE B6 - NET	INCOME (LOSS) F	<b>FROM RENTAL RI</b>	EAL ESTATE ACT	IVITIES (Sch. B,	line 6, by partner)	Attachment 15
	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
P N	TYPE OF	ENTITY	NET INCOME (LOSS)	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	INCOME (LOSS)	INCOME (LOSS)
I A 11	OF PAR		FROM RENTAL REAL	INCOME (LOSS)	INCOME (LOSS)	INCOME (LOSS)	INCOME (LOSS)	FROM RENTAL REAL	
R M	(From P		ESTATE	FROM RENTAL	FROM RENTAL	FROM RENTAL	FROM RENTAL	ESTATE TAXABLE AT	_
Т В	Inform		(From Form 1065,	REAL ESTATE OF	REAL ESTATE OF	REAL ESTATE OF	REAL ESTATE OF	RESIDENT OR	NONRESIDENT
N E	Sched	iule)	Schedule K, line 2)	INDIVIDUAL RESIDENT	INDIVIDUAL NONRESIDENT	CORPORATION PARTNERS	PARTNERS NOT REPORTED IN	CORPORATION TAX RATE	TAX RATE (Column 2 less
E R	Fadami	Danidana.	1	PARTNERS	ESTATE OR TRUST	TAKINEKO	COLUMNS 3, 4 or 5	(Column 2 less column	,
	Federal Classification	Residency Status			PARTNERS		002010 0, 1 0. 0	3, 5 or 6)	00.0
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Totals									

Name of partnership	Partnership's FEIN	2015 Form L-1065, Schedules B7 & B8

									Revised 06/18/2014
		SC	<b>HEDULE B7 – NE</b>	T INCOME (LOSS	) FROM OTHER F	RENTAL ACTIVITI	ES (Schedule B, I	ine 7, by partner)	Attachment 16
	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
P N	TYPE OF	ENTITY	NET INCOME(LOSS)	EXCLUDIBLE INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	INCOME (LOSS)	INCOME (LOSS)
AII	OF PAR	TNER	FROM OTHER	(LOSS) FROM OTHER	INCOME (LOSS)	INCOME (LOSS)	INCOME (LOSS)	FROM OTHER	FROM OTHER
R M	(From P		RENTAL ACTIVITIES	RENTAL ACTIVITIES	FROM OTHER	FROM OTHER	FROM OTHER	RENTAL ACTIVITIES	RENTAL ACTIVITIES
T '''		Information (From Form 1065,		OF INDIVIDUAL	RENTAL ACTIVITIES	RENTAL ACTIVITIES	RENTAL ACTIVITIES	TAXABLE AT	TAXABLE AT
I N =	Sched	Schedule K, line 2)		RESIDENT	OF INDIVIDUAL	OF CORPORATION	OF PARTNERS NOT	RESIDENT OR	NONRESIDENT TAX
E R				PARTNERS	NONRESIDENT	PARTNERS	REPORTED IN	CORPORATION TAX	RATE (Column 2 less
R	Federal	Residency			ESTATE OR TRUST		COLUMNS 3, 4 or 5	RATE (Column 2 less	column 4)
	Classification	Status			PARTNERS			column 3, 5 or 6)	
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Totals									

									Revised 06/18/2014		
			S	CHEDULE B8 - F	ROYALTY INCOME	E (Schedule B, lin	e 8, by partner)		Attachment 17		
Р	NI TYPE OF ENTITY I DOVALTY INCOME I EVOLUDIDLE I EVOLUDIDLE I EVOLUDIDLE I EVOLUDIDLE I DOVALTY INCOME I										
AN	TYPE OF		ROYALTY INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	ROYALTY INCOME	ROYALTY INCOME		
R M	OF PAR		(From Form 1065,	ROYALTY INCOME	ROYALTY INCOME	ROYALTY INCOME	ROYALTY INCOME	TAXABLE AT	TAXABLE AT		
T B	B Information Sch.)		Schedule K, line 7)	OF INDIVIDUAL RESIDENT	OF INDIVIDUAL NONRESIDENT	OF CORPORATION PARTNERS	OF PARTNERS NOT REPORTED IN	RESIDENT OR CORPORATION TAX	NONRESIDENT TAX RATE (Column 2 less		
N E	N E			PARTNERS	ESTATE OR TRUST	FARTNERS	COLUMNS 3, 4 or 5	RATE (Column 2 less	column 4)		
R Federal Residence		Residency			PARTNERS			column 3, 5 or 6)	.,		
K	Classification	Status						,			
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Totals											

Name of partnership	Partnership's FEIN	2015 Form L-1065, Schedules B9 & B10

									Revised 06/18/2014
				SCHEDULE B9 -	OTHER INCOME	(Schedule B, line	9, by partner)		Attachment 18
P A R T N E R	COLUMN 1 TYPE OF ENTITY OF PARTNER (From Partner Information Sch.)  Federal Classification Residency Status		COLUMN 2 OTHER INCOME (Schedule K,11)	COLUMN 3 EXCLUDIBLE OTHER INCOME OF INDIVIDUAL RESIDENT PARTNERS	COLUMN 4  EXCLUDIBLE OTHER INCOME OF INDIVIDUAL NONRESIDENT ESTATE OR TRUST PARTNERS	COLUMN 5 EXCLUDIBLE OTHER INCOME OF CORPORATION PARTNERS	COLUMN 6 EXCLUDIBLE OTHER INCOME OF ALL OTHER PARTNERS	COLUMN 7 OTHER INCOME TAXABLE AT RESIDENT OR CORPORATION TAX RATE (Column 2 less column	COLUMN 8 OTHER INCOME TAXABLE AT NONRESIDENT TAX RATE (Column 2 less column 4)
	Classification	Status						3, 5 or 6)	
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3									
4									
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Totals									

									Revised 06/18/2014
		S	CHEDULE B10 - (	ORDINARY INCOM	<b>ME FROM OTHER</b>	<b>PARTNERSHIPS</b>	(Schedule B, line	10, by partner)	Attachment 19
	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
P <sub>N</sub>	TYPE OF		ORDINARY INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	ORDINARY INCOME	ORDINARY INCOME
ΙΑ ,,	OF PAR		FROM OTHER	ORDINARY INCOME	ORDINARY INCOME	ORDINARY INCOME	ORDINARY INCOME	FROM	FROM
R M	(From P		PARTNERSHIPS (From Form 1065,	FROM OTHER PARTNERSHIPS	FROM OTHER PARTNERSHIPS	FROM OTHER PARTNERSHIPS	FROM OTHER PARTNERSHIPS FOR	PARTNERSHIPS TAXABLE AT	PARTNERSHIPS TAXABLE AT
N B	Sched		line 4)	OF INDIVIDUAL	OF INDIVIDUAL	OF CORPORATION	PARTNERS NOT	RESIDENT OR	NONRESIDENT
<sub> </sub>	0000			RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	CORPORATION TAX	TAX RATE (Column 2
R R	Federal	Residency		PARTNERS	ESTATE OR TRUST		COLUMNS 3, 4 or 5	RATE (Column 2 less	less column 4)
	Classification	Status			PARTNERS			column 3, 5 or 6)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

Name o	f partnership			Partners	Partnership's FEIN 2015 Form L-1065, Schedule B11							
		SCHE	:DULE B11 - SC	HEDULE B SUMI	MARY BY PARTN	ER BY SCHEDU	LE B LINE NUMB	BER (Schedule B	, line 11, by partn	ier)	Revised 06/18/2014 Attachment 20	
P N U M B E R	COLUMN 1 LINE 1 INTEREST INCOME (Partner's city portion; from Schedule B1, column 7 or column 8)	LINE 2 DIVIDEND INCOME (Partner's city portion; from Schedule B2, column 7 or column 8)	COLUMN 3  LINE 3  NET SHORT TERM  CAPITAL GAIN  (LOSS)  (Partner's city portion; from Schedule B3, column 7 or column 8)	COLUMN 4  LINE 4  NET LONG TERM  CAPITAL GAIN  (LOSS)  (Partner's city portion; from Schedule B4, column 7 or column 8)	COLUMN 5 LINE 5 NET SECTION 1231 GAIN (LOSS) (Partner's city portion; from Schedule B5, column 7 or column 8)	FROM RENTAL REAL	COLUMN 7 LINE 7 NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES (Partner's city portion; from Schedule B7, column 7 or column 8)	COLUMN 8 LINE 8 ROYALTY INCOME (Partner's city portion; from Schedule B8, column 7 or column 8)	COLUMN 9 LINE 9 OTHER INCOME (Partner's city portion; from Schedule B9, column 7 or column 8)	COLUMN 10  LINE 10  ORDINARY INCOME FROM OTHER PARTNERSHIPS (Partner's city portion; from Schedule B10, column 7 or column 8)	COLUMN 11 TOTAL PARTNER'S PORTION OF CITY APPORTIONED INCOME (Add columns 1 through 10; enter here and on Schedule C, col. 5 or col. 6)	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
Totals												

Name of partnership	Partnership's FEIN	2015 Form L-1065, Schedules C & D
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	Revised 12/17/2015 SCHEDULE C – INCOME DISTRIBUTION TO PARTNERS Attachment 5							
P A R T Z E R	COLUMN 1 ADJUSTED ORDINARY BUSINESS INCOME (Total equals Schedule A, line 7)	COLUMN 2  ALLOCATION PERCENTAGE (Resident partners enter 100%; partnership partners see instructions; other partners enter percentage from Sch. D, line 5)	COLUMN 3 ALLOCATED ORDINARY BUSINESS INCOME (Column 1 multiplied by percentage in column 2)	COLUMN 4 ALLOCATED OR APPORTIONED GUARANTEED PAYMENTS TO PARTNERS (From Schedule F, column 4)	COLUMN 5 RESIDENT, CORPORATION AND PARTNERSHIP PARTNER'S PORTION OF SCHEDULE B INCOME (From Schedule B11, column 11)	COLUMN 6 NONRESIDENT, ESTATE AND TRUST PARTNER'S PORTION OF SCHEDULE B INCOME (From Schedule B11, column 11)	COLUMN 7 TOTAL INCOME (Add columns 3, 4, 5, and 6; enter here and on Schedule 2, column 4)	
1		%						
2		%						
3		%						
4		%						
5		%						
6		% %						
8		%						
9		%						
10		%						
Totals								

	OO ALLOOATION REPOR	NTAGE	Revised 06/18/2014			
SCHEDULE D – BUSINE			Attachment 6			
	COLUMN 1	COLUMN 2	COLUMN 3			
	LOCATED EVERYWHERE	LOCATED IN CITY	PERCENTAGE			
a. Average net book value of real and tangible personal property			(Column 2 divided			
b. Gross annual rent paid for real property only, multiplied by 8			by column 1)			
c. Totals (Add lines 1a and 1b)			%			
2. Total wages, salaries, commissions and other compensation of all employees	%					
Gross receipts from sales made or services rendered	%					
4. Total percentages (Add the percentages computed in column 3, lines 1c, 2 and 3)			%			
5. Business allocation percentage (Divide line 4 by the number of factors) Enter here and or	Schedule C, column 2 (See note below	w)	%			
Note 3. In determining the business allocation percentage (Line 5), a factor shall be exclu-	uded from the computation only when su	uch factor does not exist anywhere insc	ofar			
as the taxpayer's business operation is concerned. In such cases, the sum of the remaining percentages shall be divided by the number of factors actually used.						
In the case of a taxpayer authorized by the Income Tax Administrator to use one of the special formulas, attach an explanation and use the lines provided below:						
a. Numerator	c. Percentage (a divided by b) (Ente	er here and on Schedule C, Col. 2)	%			
b. Denominator	d. Date of Administrator's approval I	,				

Name of partnership		Partnership's FEIN		2015 Form L	1065, Schedul	es E & F
		SCHEDULE E – RENT				Revised 08/31/2015 Attachment 7
If the b	ousiness activity of the partners	ship includes rental of real estate, indicate below the complete ac				
PROP	ERTY#	PROPERTY ADDRESS (Street number, street n	name, city, state and zip	p code)		GAIN OR LOSS
1.						
2.						
3.						
4.						
5.						
TOTAI	LS (ATTACH COPY OF I	FEDERAL FORM 8825)				
	hedule is used by partnerships	LE F – ALLOCATED OR APPORTIONED  making guaranteed payments to partners where one or more parts are taxed differently under the Michigan Uniform City Income	artners received a nonta			
ΙT	YPES OF GUARANTEED	PAYMENTS		TAXABILITY OF	TYPE OF GUARANT	TEED PAYMENT
-	A QUALIFIED RETIREME	NT BENEFIT RECEIVED BY A RESIDENT INDIVIDUAL		NOT TAXABLE		
-	A QUALIFIED RETIREME	NT BENEFIT RECEIVED BY A NONRESIDENT INDIVIDU	JAL	NOT TAXABLE		
<del>-</del>	INTEREST FOR USE OF	CAPITAL BY A RESIDENT INDIVIDUAL		100% TAXABLE		
•	INTEREST FOR USE OF	CAPITAL BY A NONRESIDENT INDIVIDUAL		NOT TAXABLE		
COMPENSATION FOR PERSONAL SERVICES RECEIVED BY A RESIDENT INDIVIDUAL     100% TAXABLE						
•	COMPENSATION FOR PERSONAL SERVICES RECEIVED BY A NONRESIDENT INDIVIDUAL     WAGE APPORTIONED					
P A R T N E R	COLUMN 1 GUARANTEED PAYMENTS TO PARTNERS  (Total equals amount reported on federal Form 1065, line 10)	COLUMN 2  LIST TYPE OF GUARANTEED PAYMENT R as a qualified retirement benefit (RQRB) N as a qualified retirement benefit (NQRB) R as interest for use of capital (RINT) N as interest for use of capital (NINT) R as compensation for personal services (RCOMP) N as compensation for personal services (NCOMP)  (R = resident and N = nonresident)	(Enter percentage upon type of gua nonresident com	COLUMN 3 ERCENTAGE TAXABLE taxable for partner is ranteed payment responsation enter day 3B and compute partners COLUMN 3B WORK DAYS OR HOURS EVERYWHERE	in column 3c based ceived; if reason is s or hours worked	COLUMN 4 CITY TAXABLE GUARANTEED PAYMENTS (Column 1 multiplied by column 3C)
1 2						
3						
4						
5						
6						
7						
8						
9						
10						
Totals						

	Name of partnership	Partnership's FEIN	2015 Form L-1065, Schedule G
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Revised 06/18/2014

## SCHEDULE G – CREDIT FOR TAX PAID TO ANOTHER CITY ON BEHALF OF RESIDENT PARTNERS

Attachment 9

If tax is paid to more than one other city on behalf of a resident partner, use a separate line for each city. Total the amounts in column 6 for the partner and enter the total credit for the partner on the last line for the partner in column 7.

	<u> </u>				·		
P A R T N E R	COLUMN 1 NAME OF OTHER CITY	COLUMN 2 INCOME TAXABLE BY OTHER CITY AND ALSO TAXABLE BY {CITY NAME}	COLUMN 3 NUMBER OF EXEMPTIONS CLAIMED BY PARTNER (Tax Due Schedule, column 6)	COLUMN 4 TAX AT CITY'S NONRESIDENT TAX RATE (Subtract the result of column 3 multiplied by city's exemption value from column 2 and multiply the difference by the partner's resident city's nonresident tax rate)	COLUMN 5 TAX PAID TO OTHER CITY (Subtract the result of column 3 multiplied by other city's exemption value from column 2 and multiply the difference by other city's nonresident tax rate)	OTHER CITY (Smaller of column 4 or column 5)	COLUMN 7 TOTAL CREDIT FOR TAX PAID TO OTHER CITY ON BEHALF OR PARTNER (Column 6 total for partner; place on last line for partner)
999	Example Lansing	10,000	3	62	41		
999	Example Detroit	5,000	3	24	39		
999	Example Saginaw	12,000	3	77	77	77	142
Total c	redit for tax paid to an	other city (Add amou	nts in column 7	' enter here and on pa	age 1. line 2e)		

Partnership's name	Partnership's FEIN	2015 Lansing Schedule N	
SCHEDULE N – SUPPORTING NOTES AND STAT	TEMENTS	<u> </u>	Attachment 22
			Revised 08/31/2015